

Work Order ID 121060

June-16-14 1:17:23 PM

121060

Page 1

Item ID: D4884-1 Accept ***N1900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: End Fitting, Eye
 Start Date: 6/16/14 Start Qty: 4.00 ***4*** Cust Item ID:
 Required Date: 6/16/14 Req'd Qty: 4.00 ***4*** Customer:
 Reference:

Approvals: Process Plan: MLS Date: 14-06-17 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4884	<i>Rev A</i>

100		0.00							
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100 124/106/20 4
 Outsource1 Memo 0.00

Outsource process - Heat Treat ISSUE P/O: 24720
 POSSIBLE SUPPLIER: ATG

C OF C IS REQUIRED

110	QC2- Inspect parts off machine FAI/FAIB	0.00							
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110 *14-5*

QC Memo 0.00

Quality Control

120	QC8- Inspect parts - second check	0.00							
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120 *06*

QC Memo 0.00

Quality Control

DAS
16
9-89

4

14/06/27

DA
30
14-8-27

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 121060

June-16-14 1:17:23 PM

121060

Page 2

Item ID: D4884-1

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: End Fitting, Eye

Start Date: 6/16/14

Start Qty: 4.00

4

Cust Item ID:

Required Date: 6/16/14

Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start ***NR1***

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

Outsource process - NDT per QSI038 4.1

0.00

130

Outsource2

Memo

0.00

Outsource process - NDT

ISSUE P/O : _____

C OF C IS REQUIRED

N/A

Don @
Supplier

140

Receive & Inspect for Damage & Mat'l Certs

0.00

140

Packaging

Memo

0.00

Packaging

150

QC5- Inspect part completeness to step on W/O

0.00

150

QC

Memo

0.00

Quality Control

N/A Don @
Supplier

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Doc/Data									
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Unapproved									

FAULT CATEGORY

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Page 3

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 Start Date: 6/16/14 Start Qty: 4.00 ***4*** Cust Item ID:
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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Identify as per dwg & Stock Location: _____	0.00							
160									
Packaging	Memo <i>ST/26</i>	0.00				<i>14/7/13</i>	<i>(9)</i>	<i>DAS</i>	
Packaging								<i>32</i>	
								<i>8-89</i>	
170	QC21- Final Inspection - Work Order Release	0.00							
170									
QC	Memo	0.00							
Quality Control									

MLJ 14-09-03
MLJ 14-09-03

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
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Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

June-16-14 1:17:22 PM

Page 1

Work Order ID: 121060

121060

Parent Item: D4884-1

D4884-1

Parent Item Name: End Fitting, Eye

Start Date: 6/16/14

Required Date: 6/16/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 14-01-13 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4884-1P		Purchased	No				Each	0.0000		4			
D4884-1P									**	12/060			
End Fitting, Eye													
M174PH-H900R1.500		Purchased	No				f	37.7083		2			
M174PH-H900R1 500									**			02/14/07/03	
17-4SS H900 ROUND BAR 1.500													
				<u>Location</u>				<u>Loc Qty</u>					
				MAT031				37.7083					
				M128809				37.7083					
										2			

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

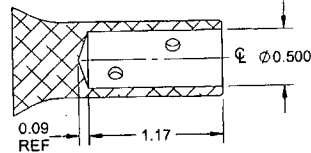
Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

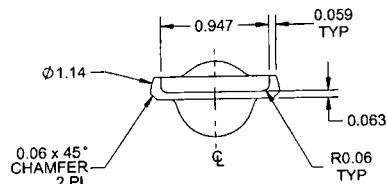
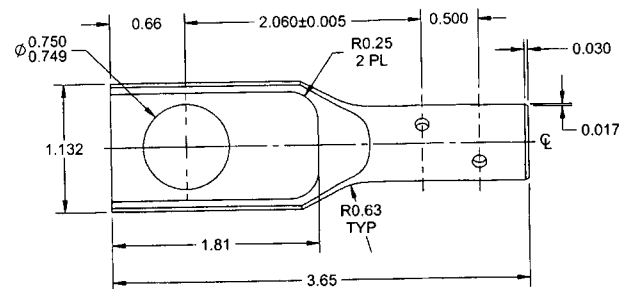
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

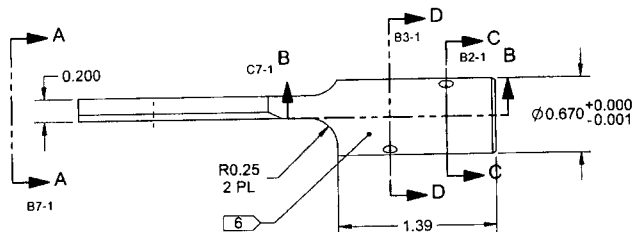
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



SECTION B-B C5-1



VIEW A-A B6-1



SHOP COPY

RETURN TO

ENGINEERING

UNCONTROLLED COPY

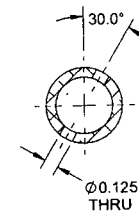
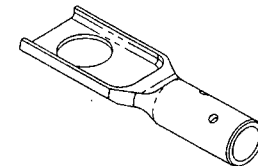
SUBJECT TO AMENDMENT

WITHOUT NOTICE

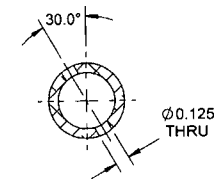
WORK ORDER

NO. 121060 MJS

14-06-17



SECTION C-C C4-1



SECTION D-D C5-1

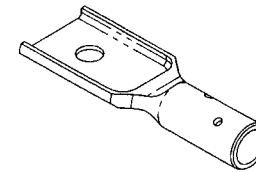
D4884-1 END FITTING, EYE

NOTES:

- 1) MATERIAL: 17-4 PH/S17400/TYPE 630 SS ROUND BAR, H900 CONDITION
PER AMS 5643/ASTM A564
DART SPEC M17-4-R
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.13 lbs
- 8) LIQUID PENETRANT INSPECT PER QSI 038 6.1.1 (ASTM E1417 LEVEL 2)

APPROVED

REV.	DESCRIPTION	RF	DATE
A	NEW ISSUE	RF	13.09.16
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	DC	DRAWING NO.	REV. A
MFG. APPR.	JLM	D4884	SHEET 1 OF 2
APPROVED	HS	TITLE	SCALE
DE APPR.	DS	END FITTING	NTS
DATE	13.12.01	COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMPILED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



NOTES:
1) MATERIAL: 17-4 PH/S17400/TYPE 630 SS ROUND BAR, H900 CONDITION
PER AMS 5643/ASTM A564
PART SPEC M17-4-R

- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.14 lbs
- 8) LIQUID PENETRANT INSPECT PER QSI 038 6.1.1 (ASTM E1417 LEVEL 2)

APPROVED	DESIGN	RF	DART AEROSPACE LTD	
	DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
	CHECKED	DC	DRAWING NO.	REV. A
	MFG. APPR.	JLM	D4884	SHEET 2 OF 2
	APPROVED	HS	TITLE	SCALE
	DE APPR.	DS	END FITTING	NTS
	DATE	13.12.01	COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT AND ITS CONTENTS ARE UNCLASSIFIED NOT TO BE USED FOR ANY PURPOSE OR DISCLOSED TO ANY OTHER PERSON WITHOUT	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO24720

Purchase Order Date 6/20/2014

PO Print Date 6/30/2014

Page Number 1 of 2

Order From :

VC-ATG001

Ship To : DART AEROSPACE LTD

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISED
\$

Contact Name

Vendor Phone 613-446-4544

Ship To Contact

Ship To Phone

Ship Via: VENDOR'S TRUCK

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax # 10127-2607

Terms

Net 30

Currency

CAD

FOB

FCA - (Free Carrier)

FAKED

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D4884-1P MACHINE AS PER DWG D4884 REV. A B121060	End Fitting, Eye	8/12/2014 Yes 8/12/2014	FN	4.00 Each	\$202.50	\$810.00
Line Total:							\$810.00
2	D4885-1P MACHINE AS PER DWG D4885 REV. A B121051	End Fitting	8/12/2014 Yes 8/12/2014	FN	4.00 Each	\$202.50	\$810.00
Line Total:							\$810.00
3	D4885-3P MACHINE AS PER DWG D4885 REV. A B120994	End Fitting	8/12/2014 Yes 8/12/2014	FN	4.00 Each	\$202.50	\$810.00

Note:

6/30/2014



A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE STREET
ROCKLAND, ON K4K 1T2
Canada

Ph: (613) 446-4544
Fax: (613) 446-4556

DTA

Pack List

Number: 908625

Date: 26-Aug-14

To

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

Ship To

Michael Gregoire
DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada
1

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

Terms		Ship Via	
Quantity	Description		
	PLEASE REFERENCE THE PACK LIST NUMBER ON ALL CORRESPONDENCE TO THIS SHIPMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL AT (613) 446-4544.		
4 ea	Part: D4884-1P END FITTING, EYE Job: 16589	Rev: A PO: PO24720	Line: 1
4 ea	Part: D4885-1P END FITTING Job: 16590	Rev: A PO: PO24720	Line: 2
4 ea	Part: D4885-3P END FITTING Job: 16591	Rev: A PO: PO24720	Line: 3
DATE : <u>26 Aug 2014</u> CERTIFIED SIGNATURE: <u><i>[Signature]</i></u> RECEIVER SIGNATURE: _____ CERTIFICATE OF CONFORMANCE A.T.G. INDUSTRIES INC. CERTIFIES THAT ALL ITEMS IN THIS SHIPMENT ARE IN CONFORMANCE WITH THE REQUIREMENTS, SPECIFICATIONS, AND DRAWINGS REFERENCED IN THE ABOVE PURCHASE ORDER. I.S.O. 9001 : 2008 REGISTERED / MADE IN CANADA <i>[Signature]</i>			



F.A.I.

First Article Inspection Report

#

518

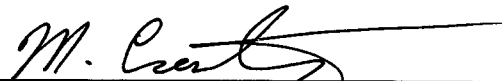
Requesting Company: Dart Aerospace PO#: PO24720 Line: 1 Qty: 4Part Number: D4884-1P Rev: A Part Description: End Fitting, EyeFAI Supplied by: A.T.G. Industries Inc. FAI Prepared by: Emily Louis-Seize Date: July 14, 2014FAI Approved by: Mike Csontos Date: August 26, 2014

Material and/or Special Processes

Type	Description	Specification Number/Code	Certificate of Conformance Number:
Material	17-4SS H900		Supplied by Customer
Special Process	Liquid Penetrant		PO#:20140336

Inspection Information and Results

Char#	Location	Requirement	Result	UoM	Pass/Fail	Measurement Equipment:	Operation #:
1	D7	Ø.500	.502	inch	Pass	Gauge Pin	1
2	C7	1.17	1.71	inch	Pass	Gauge Pin	1
3	C8	.09 REF	.140	inch	Pass	Caliper	1
4	D6	.66	.663	inch	Pass	Caliper	2
5	D5	2.060±.005	2.063	inch	Pass	Height Gauge	3
6	D5	R.25	.25	inch	Pass	Radius Gauge	2
7	D4	.500	.500	inch	Pass	Height Gauge	3
8	D4	.030	.030	inch	Pass	Comparator	1
9	D4	.017	.017	inch	Pass	Comparator	1
10	C4	3.65	3.656	inch	Pass	Height Gauge	2
11	C5	R.63 TYP	.630	inch	Pass	Radius Gauge	2
12	C6	1.81	1.814	inch	Pass	Caliper	2
13	C6	1.132	1.131	inch	Pass	Caliper	2

Inspection Information and Results							
Char#	Location	Requirement	Result	UoM	Pass/Fail	Measurement Equipment:	Operation #:
14	D6	Ø.750/.749	.7492	inch	Pass	Gauge Pin	2
15	C7	.947	9.46	inch	Pass	Caliper	2
16	C7	.059 TYP	.060	inch	Pass	Caliper	2
17	B7	.063	.065	inch	Pass	Micrometer	2
18	B7	R.06 TYP	.062	inch	Pass	Radius Gauge	2
19	B8	.06 x 45° Chamfer	.060	inch	Pass	Caliper	2
20	B8	Ø1.14	1.140	inch	Pass	Caliper	1
21	C6	.200	.199	inch	Pass	Caliper	2
22	B4	Ø.670+.000/-.001	.6698	inch	Pass	Micrometer	1
23	B4	1.39	1.39	inch	Pass	Caliper	1
24	B5	Note 6	✓	n/a	Pass	Visual	3
25	B5	R.25	.25	inch	Pass	Radius Gauge	2
26	B3	30°	30°	degree	Pass	Protractor	3
27	B3	Ø.125 thru	.125	inch	Pass	Gauge Pin	3
28	B2	30°	30°	degree	Pass	Protractor	3
29	B1	Ø.125 thru	.125	inch	Pass	Gauge Pin	3
First Article Inspection Report Approved and Completed in Full by:							
				Date: 26/8/14.			

**skyservice****Work Order Traveler**



Sky Service F.B.O. Inc.

DOT APP 53-89 / EASA 145.7142 / BDA AMO 385

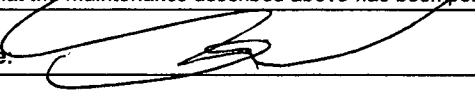

WO #: MWO21907	Customer: ATG Industries Inc	Dept: NDT YUL	Reference: 20140336
Descr:	PN:	S/N:	Qty: 1
Make:	Model:	Reg:	A/C S/N:
TSN: 0	CSN: 0	TSO: 0	
Task: UNSCHEDULED			Sequence: 1

Work Required:

CARRY OUT NDT ON 20 PARTS AS PER PO: 20140336

Action Taken:						Date:	Initial/Stamp:
LPI C/O AS PER ASTM E-1417M-13 ***NO CRACK FOUND*** PEN.(ZL-37 , B#10A070), DEV.(SKD-S2,B#13D14k) , EMU.(ZR-10B,B#10A074).						AUG 22 2014	 
Description	Location	P/N	Qty	Batch	S/N Off	S/N On	

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

Signature: 	ACA/SCA Stamp 	Date: AUG 22 2014
Name: RAFIK MELIKIAN		